



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

APPLICATION FOR HOSPICE LICENSE

AGENCY NAME

Print

AGENCY ADDRESS

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

ADMINISTRATOR/CEO

Print

DIRECTOR OF NURSING

Print

Delaware Registered Nurse License Number and Expiration Date

PHONE NUMBERS

AGENCY PHONE NUMBER

AGENCY FAX NUMBER

AGENCY TYPE

☐ PRIVATE

☐ NOT FOR PROFIT

PLEASE CHECK ALL THAT APPLY

☐ PROPRIETARY

☐ OTHER: _____

GEOGRAPHIC AREA SERVED: _____
Print

SERVICES PROVIDED:

☐ HOME CARE

☐ INPATIENT BEDS

BEDS _____

☐ FREE STANDING

☐ LEASED BEDS

ACCREDITED? ☐ YES ☐ NO

IF YES, NAME OF ACCREDITING ORGANIZATION AND ACCREDITATION EXPIRATION DATE:

Print

PLEASE ATTACH THE MOST CURRENT COPY OF THE FOLLOWING:

1. A LIST SHOWING THE NAMES AND ADDRESSES OF EACH OFFICER, DIRECTOR, AND OWNER HAVING TEN (10) PERCENT OR MORE INTEREST IN THE AGENCY.
2. A LIST SHOWING THE NAMES AND ADDRESSES OF THE GOVERNING BODY, IF DIFFERENT FROM THE PRECEDING GROUP.
3. ACCREDITING AGENCY(IES) CERTIFICATE(S)
4. ACCREDITING AGENCY(IES) REPORT(S)
5. FIRE SAFETY REPORT FOR INPATIENT FACILITY
6. OTHER: _____

*****PLEASE COMPLETE THE TABLE ATTACHED AND RETURN WITH YOUR APPLICATION*****

NAME OF PERSON COMPLETING THIS FORM: _____
Print

SIGNATURE: _____

TITLE: _____

DATE: _____

CHECKS SHOULD BE MADE PAYABLE TO: **DELAWARE DIVISION OF PUBLIC HEALTH**

INITIAL APPLICATION FEE:
\$100.00

ANNUAL LICENSURE FEE:
\$50.00

PLEASE COMPLETE AND RETURN APPLICATION WITH LICENSURE FEE AND ATTACHMENTS TO
OFFICE OF HEALTH FACILITIES LICENSING & CERTIFICATION
2055 LIMESTONE ROAD
SUITE 200
WILMINGTON DE 19808

12/07

Hospice Agency Services and Employee Information

Services Provided	Does your company provide these services?		Are the services provided by employees of the agency?		Number of persons employed in each service	Are the services provided by contractors?		Number of contractors providing each service	Are services provided by both employees and contractors?		Total number of caregivers in each service
	Yes	No	Yes	No		Yes	No		Yes	No	
Registered Nurse											
Licensed Practical Nurse											
Physical Therapy											
Nutritional Services											
Social Services											
Aide											
Homemaker											
Companion Services											
Durable Medical Equipment											
Physician Services											
Ordained Clergy											
Pastoral Counseling											
Trained Volunteer Services											
Other (please list):											